

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	CERTIFICATION AND REPORT ON PETITION FOR JUDICIAL ADMISSION	FILE NO.
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In the matter of _____

CERTIFICATION OF EXAMINERS

On _____ I examined the individual and report that:
Date

1. The individual ☐ does ☐ does not meet the criteria for judicial admission to a center.
2. My diagnosis is that the individual ☐ does ☐ does not have mental retardation.
3. The individual ☐ can ☐ cannot be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others and has overtly acted in a manner substantially supportive of that expectation. I base my conclusion on the following facts: _____

- ☐ 4. The individual requires immediate admission to a center in order to prevent physical harm to self and others pending hearing.

Date

Signature

Name and title

On _____ I examined the individual and report that:
Date

1. The individual ☐ does ☐ does not meet the criteria for judicial admission to a center.
2. My diagnosis is that the individual ☐ does ☐ does not have mental retardation.
3. The individual ☐ can ☐ cannot be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others and has overtly acted in a manner substantially supportive of that expectation. I base my conclusion on the following facts: _____

- ☐ 4. The individual requires immediate admission to a center in order to prevent physical harm to self and others pending hearing.

Date

Signature

Name and title

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

REPORT ON PETITION FOR JUDICIAL ADMISSION

1. I, _____, as _____, _____
Name Profession, organization, and title
have met with and evaluated the individual and report that his/her mental, physical, social, and educational condition is:

2. The following is a list of available forms of care and treatment that may serve as an alternative to admission to a center.

a. Residential placement: _____

Availability (specify): _____

b. Day activity programs: _____

Availability (specify): _____

c. Outpatient treatment: _____

Availability (specify): _____

d. Custody of friend or relative: _____

Availability (specify): _____

e. Home care or homemaker services: _____

Availability (specify): _____

f. Inpatient treatment at private psychiatric hospital: _____

Name of hospital

Availability (specify): _____

g. Other: _____

Availability (specify): _____

3. I recommend the most appropriate living arrangement for the individual in terms of type and location and the availability of support services to be _____.

I declare that this report has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Address

Signature

City, state, zip

Telephone no.